

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015135

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

43 3007 1509
FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Fisk	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b 2Mo			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp		d. STREET ADDRESS Gen Del	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Emely Jane Reasons		4. DATE OF DEATH Month Mar Day 30 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-26-1887
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 75 Days 75 Hours 75 Min. 75	
10a. USUAL OCCUPATION (Give kind of work done during most of last year, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and state or country) White Co. Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Justis Gard		13b. MOTHER'S MAIDEN NAME Elezibeth Logan	
14. NAME OF HUSBAND OR WIFE Tom Reasons			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. Tom Reasons Fisk, Mo	
17. INFORMANT Tom Reasons Fisk, Mo		Address	

18. CAUSE OF DEATH (Enter only one cause for time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Decomposition DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 1		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:00 a.m. 3:00 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3007 1509		20f. CITY, TOWN, OR LOCATION Butler Co. Mo	
21. I attended the deceased from Feb 43 to 30 June 63 and last saw her alive on 30 June 63 Death occurred at 30 June 63 on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE Shelma Anderson MD (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-2-1963	23c. NAME OF CEMETERY OR CREMATORY Shain Memorial
23d. LOCATION (City, town, or county) Butler Co. Mo		23e. DATE SIGNED 4/23/1963	
24. FUNERAL DIRECTOR White F Home - Fisk, Mo		25. DATE RECD. BY LOCAL REG. 4/23/1963	
26. REGISTRAR'S SIGNATURE Shelma Anderson			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0128

2 0120

3

4 1

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6

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8 0

9 200

10

11

12 4-0

13 1-0

FEB 4 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond L. Ruffee

Licensed Embalmer No.

4798

P. O. Address

Berme, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.